#### **Application Data Sheet**

## **Application Information** Application number:: Filing Date:: Application Type:: Regular Subject Matter:: Utility Suggested classification:: Suggested Group Art Unit:: CD-ROM or CD-R??:: Number of CD disks:: Number of copies of CDs:: Sequence Submission:: Computer Readable Form (CRF)?:: Number of copies of CRF:: Title:: PORTABLE PUNCH SYSTEM Attorney Docket Number:: 021919-001110US Request for Early Publication:: No Request for Non-Publication:: No Suggested Drawing Figure:: 1 Total Drawing Sheets:: 10 Small Entity?:: Yes Latin name:: Variety denomination name:: Petition included?:: No Petition Type:: Licensed US Govt. Agency:: Contract or Grant Numbers One::

No

Secrecy Order in Parent Appl.::

# **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Kevin
Middle Name::	L.
Family Name::	Corcoran
Name Suffix::	
City of Residence::	Mission Viejo
State or Province of Residence::	CA
Country of Residence::	US
Street of Mailing Address::	26951 Soria Circle
City of Mailing Address::	Mission Viejo
State or Province of mailing address::	CA
Country of mailing address::	
Postal or Zip Code of mailing address::	92651
Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Robert
Middle Name::	E.
Family Name::	Workman
Name Suffix::	
City of Residence::	
State or Province of Residence::	
Country of Residence::	
Street of Mailing Address::	
City of Mailing Address::	
State or Province of mailing address::	

Country of mailing address::

Postal or Zip Code of mailing address::

Applicant Authority Type::

Inventor

Primary Citizenship Country::

US

Status::

Full Capacity

Given Name::

Trevor

Middle Name::

Family Name::

Freeman

Name Suffix::

City of Residence::

Costa Mesa

State or Province of Residence::

CA

Country of Residence::

US

CA

Street of Mailing Address::

1564 Orange Avenue

City of Mailing Address::

Costa Mesa

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address:: 92627

#### **Correspondence Information**

Correspondence Customer Number::

20350

#### **Representative Information**

Representative Designation::

Representative Number::

Representative Name::

Primary

36,492

Thomas E. Coverstone

#### **Domestic Priority Information**

Application::

Continuity Type::

Parent Application:: Parent Filing Date::

### **Foreign Priority Information**

Country:: Application number:: Filing Date::

### **Assignee Information**

Assignee Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

This sheet is not to be filed with the USPTO, but retained in the prosecution file as a record of the DOCSOpen number. Fields having no information may be deleted from the ADS. For example, if there is no foreign priority claim, the foreign priority text may be deleted from the ADS.

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